

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-475)

SERIAL NO. **10/597573**
OFFICER

Updated
FILING DATE

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | | / | | | | 51 | | | | | | |
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| 4 | | / | | / | | | 54 | | | | | | |
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| 6 | | / | | / | | | 56 | | | | | | |
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| 11 | | / | | / | | | 61 | | | | | | |
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| 37 | | / | | / | | | 87 | | | | | | |
| 38 | | / | | / | | | 88 | | | | | | |
| 39 | | / | | / | | | 89 | | | | | | |
| 40 | | / | | / | | | 90 | | | | | | |
| 41 | | / | | / | | | 91 | | | | | | |
| 42 | | / | | / | | | 92 | | | | | | |
| 43 | | / | | / | | | 93 | | | | | | |
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| 45 | | / | | / | | | 95 | | | | | | |
| 46 | | / | | / | | | 96 | | | | | | |
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| 49 | | / | | / | | | 99 | | | | | | |
| 50 | | / | | / | | | 100 | | | | | | |
| TOTAL IND. | | ↓ | | ↓ | | ↓ | TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← | TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | 2 | | 5 | | 7 | TOTAL CLAIMS | | 2 | | 5 | | 7 |